**INFORMATION**

Nomination/Application form with required documents should be posted to:

Academics Team,
Indian Institute of Public Health-Delhi,
3rd Floor, KIIT College of Engineering
KIIT College Campus, Sohna Road-Mumbai
Expressway, Bhondsi (Near Maruti Kunj)
Gurugram-122102, Haryana | INDIA
Phone:+91-7042073761
E-mail: acad@phfi.org, URL: www.phfi.org

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**INDIAN INSTITUTE OF PUBLIC HEALTH (IIPH) – DELHI NCR, GANDHINAGAR (Gujarat), BHUBANESWAR (Odisha) & HYDERABAD (Telangana)**

**NOMINATION / APPLICATION FORM**
**POST GRADUATE DIPLOMA IN**
**PUBLIC HEALTH MANAGEMENT (PGDPHM) 2023-24**

(To be filled in by the nominee/applicant in capital letters)

NAME & Surname: __________________________

Gender: M □ F □ Age: ______ Date of Birth: __________ Nationality: __________

Categories: SC □ ST □ OBC □ PHC/VHC/Hearing impaired □ General □

**ACADEMIC BACKGROUND**

<table>
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<tr>
<th>Level of academic qualification</th>
<th>Degree</th>
<th>Board/University</th>
<th>College/Institution of Affiliation</th>
<th>Year of Passing</th>
<th>Final Percentage/Grade/Class</th>
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<tr>
<td>Class XII</td>
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<td>Bachelors/Undergraduate Degree</td>
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<td>Masters/Post Graduate Degree or any other equivalent qualification</td>
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<td>Any additional Qualification/Training</td>
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**LIST OF RECENT ACADEMIC AWARDS/ACHIEVEMENTS:** ____________________________________________

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**WORK EXPERIENCE**

Total work experience in years: __________________________

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<th>Designation</th>
<th>Duration of Employment</th>
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<tr>
<td>Past</td>
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</table>
DESCRIPTION OF PRESENT RESPONSIBILITY:


ENCLOSURES:
- Please enclose necessary copies of all academic statements
- Copy of CV
- Contact details of 3 referees (2 academic/1 professional)
- Statement of purpose (This needs to be a 250-500 word summary stating professional goals and career plans including plans and expectations in pursuing this Diploma Program)


(PLEASE TICK ONE OF THE FOLLOWING):
For self-sponsored candidates. Please give your preference for the institute

☐ IIPH Delhi  ☐ IIPH Gandhinagar  ☐ IIPH Hyderabad  ☐ IIPH Bhubaneswar

APPLICANT’S ADDRESS
FOR COMMUNICATION: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
CITY:________________________________________________________________________
COUNTRY:____________________________________________________________________
PINCODE:_____________________________________________________________________
PHONE (Residence):____________________________________________________________
FAX:_________________________________________________________________________
MOBILE:______________________________________________________________________
EMAIL:_______________________________________________________________________

Date:__________________________                                         Signature ______________________

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